

TO: Judge Ann L. Aiken
United States District Court, District of Oregon (Portland (3))

DATE: September 24, 2019

FROM: Attorney Mark J. Geiger

SUBJECT: Advance Authorization for Expert Services

It is requested that advance authorization be granted to obtain services in an amount in excess of the maximum allowed under the provisions of subsection (e)(3) of the Criminal Justice Act, 18 U.S.C. § 3006A, as follows:

Case Name & Designation:	USA v. Mahler
Name of Expert:	Dr. J. Wilson Kenney
	Center for Integrated Intervention
	3 Monroe Pkwy
	Suite P PMB 431
	Lake Oswego, OR 97035
Type of Service:	Psychological Evaluation
Reasons for Application:	mitigation
Estimated Compensation:	\$4,500 (25 hours at \$180/hour)

I certify that the estimated compensation in excess of the maximum set forth in 18 U.S.C. § 3006A(e)(3) appears necessary to provide fair compensation for services of an unusual character or duration and therefore recommend approval of this advance authorization in the amount of \$_____.

United States District Judge
Or United States Magistrate Judge

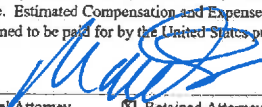
Date

Advance authorization is hereby approved in the amount of \$_____.

Chief Judge, United States Court of
Appeals (or Delegate)

Date

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 05/12)

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED Robert Evans Mahler		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER 3:16-mj-00017		4. DIST. DKT./DEF. NUMBER 3:16-cr-00105-AA-1		5. APPEALS DKT./DEF. NUMBER			
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) USA v. Mahler		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal			
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions)					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18 USC Section 922(g)(1)							
REQUEST AND AUTHORIZATION FOR EXPERT SERVICES							
12. ATTORNEY'S STATEMENT As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input checked="" type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ 4,500.00 OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$800, excluding expenses) Signature of Attorney:  Date: 9/24/2019 <input type="checkbox"/> Panel Attorney <input checked="" type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Mark J. Geiger 317 Court St NE #211 Salem, OR 97301 Telephone Number: (503) 588-1723							
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) Please see attachment.			14. TYPE OF SERVICE PROVIDER (See Instructions)				
15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in item 12 is hereby granted. Signature of Presiding Judge or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO			<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> 01 <input type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input checked="" type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 14 <input type="checkbox"/> Pathologist/Medical Examiner 15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst </td> <td style="vertical-align: top;"> 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal Analyst/Consultant 21 <input type="checkbox"/> Jury Consultant 22 <input checked="" type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services 24 <input type="checkbox"/> Other (Specify) 25 <input type="checkbox"/> Litigation Support Services 26 <input type="checkbox"/> Computer Forensics Expert </td> </tr> </table>			01 <input type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input checked="" type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 14 <input type="checkbox"/> Pathologist/Medical Examiner 15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst	17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal Analyst/Consultant 21 <input type="checkbox"/> Jury Consultant 22 <input checked="" type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services 24 <input type="checkbox"/> Other (Specify) 25 <input type="checkbox"/> Litigation Support Services 26 <input type="checkbox"/> Computer Forensics Expert
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CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY				
16. SERVICES AND EXPENSES (Attach itemization of services with dates)		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT			
a. Compensation							
b. Travel Expenses (lodging, parking, meals, mileage, etc.)							
c. Other Expenses							
GRAND TOTALS (CLAIMED AND ADJUSTED):		\$0.00		\$0.00			
17. PAYEE'S NAME AND MAILING ADDRESS TIN: _____ Telephone Number: _____ CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____							
18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case. Signature of Attorney _____ Date _____							
APPROVED FOR PAYMENT — COURT USE ONLY							
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES			
				22. TOTAL AMOUNT APPROVED/CERTIFIED \$0.00			
23. <input type="checkbox"/> Either the total cost (excluding expenses) of all services combined does not exceed \$800, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$800. Signature of Presiding Judge _____ Date _____ Judge Code _____							
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES			
				27. TOTAL AMOUNT APPROVED \$0.00			
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____							

CJA 21 Authorization and Voucher for Expert and Other Services

Paragraph 13 (Description of and Justification for Services) Attachment

Mr. Mahler is facing in excess of 5 years in prison for a conviction relating to his illegal possession of a firearm. He has a long history of minor psychological problems, but I believe that he has PTSD and possibly other mental health problems that are related to his crime of conviction. Essentially, he was in possession of many, many firearms and he had a federal firearm conviction in his past which made it illegal for him to possess firearms. I think the psychological exam will enable to court to see that his crime of conviction is tied to extreme fear and paranoia related to his troubled past, which will function as mitigation. Hopefully, I can persuade the judge to give him a probationary sentence. Without any source of mitigation, I am unable to provide my client with adequate assistance of counsel, and I can't "prove" that my concerns are valid unless I have a professional backing me."

CIA 23
(Rev. 11/11)

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES ☒ DISTRICT COURT ☐ COURT OF APPEALS ☐ OTHER (Specify below)

IN THE CASE OF

FOR

USA v. Mahler

3:16-cr-00105

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Robert Evans Mahler

- 1 ☒ Defendant - Adult
- 2 ☐ Defendant - Juvenile
- 3 ☐ Appellant
- 4 ☐ Probation Violator
- 5 ☐ Supervised Release Violator
- 6 ☐ Habeas Petitioner
- 7 ☐ 2255 Petitioner
- 8 ☐ Material Witness
- 9 ☐ Other (Specify)

DOCKET NUMBERS

Magistrate Judge
3:16-mj-00017
District Court
3:16-cr-00105
Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box -)

- ☒ Felony
☐ Misdemeanor

18 U.S.C. Section 922(g)(1)

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

INCOME & ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Self-Employed	
		Name and address of employer: n/a	
		IF YES, how much do you earn per month? \$	IF NO, give month and year of last employment? 1980 How much did you earn per month? \$
		If married, is your spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$	
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		IF YES, give the amount received and identify the sources	RECEIVED \$ 1,296.00 Social Security \$ 1,321.62 Travelers Ins. Annuity \$ 2,413.89 Guaranty Assn. Annuity
	CASH	Do you have any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, total amount? \$ 300.00	
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		IF YES, give value and description for each	VALUE \$ 5,500.00 DESCRIPTION 2011 Kia Sorento 120k miles

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS Single <input checked="" type="checkbox"/> Married Widowed Separated or Divorced	Total No. of Dependents	List persons you actually support and your relationship to them														
	DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	<table style="width: 100%;"> <thead> <tr> <th style="width: 60%;">DESCRIPTION</th> <th style="width: 20%;">TOTAL DEBT</th> <th style="width: 20%;">MONTHLY PAYMENT</th> </tr> </thead> <tbody> <tr> <td>see attachment</td> <td>\$</td> <td>\$ ~2,676</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>			DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT	see attachment	\$	\$ ~2,676		\$	\$		\$	\$		\$
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I certify under penalty of perjury that the foregoing is true and correct.


SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

9/23/2019

Date

BUDGET - EXPENSES

Fuel (Personal & Farm)	\$165.00 to \$175.00 month
Food	\$500.00 to \$600.00 month
Clothing (Personal & Farm)	\$40.00 to \$60.00 month
Medical/Dental (Dr., & Rx)	\$300.00 to \$375.00 month
Entertainment	\$30.00 to \$60.00 month
Recreation	\$36.00 to \$45.00 month
Farm Supplies	\$15.00 to \$45.00 month
Service Dog	\$125.00 to \$150.00 month
Medical Ins.	\$104.90 month
Insurance (Auto)	\$132.00 month
Registration (Auto)	\$7.00 month
Home Payment	\$450.00 month
Utilities	\$390.00 month
Cattle Feed (Vet, grain)	\$210.00 to 250.00 month

TOTALS \$2,504.90 to \$2848.90 month

SINGLE EXPENSE

Loafing Shed Roof	\$250.00
Carport Loss (wind storm)	\$1,250.00
Breeding of cows	\$75.00

INCOME

Social Security	\$1,296.00 month
Guaranty Assn. Annuity	\$2,413.89 month
Travelers Ins. Annuity	\$1,321.62 month